(to be

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
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		Application Number	10/677,077		
TRANSMITTAL		Filing Date	October 1, 2003		
FORM		First Named Inventor	Scolaro et al.		
		Art Unit	2821		
used for all correspondence after initial	filing)	Examiner Name	Chuc Tran		
the of Bones in This Cohesins		Attorney Docket Number	25402 450000		

Total Number of Pages i	n This Submission	13	Attorney Docket Numbe	r 25493-	45990	0	
ENCLOSURES (Check all that apply)							
Fee Transmittal  Fee Atta	ched		Drawing(s) Licensing-related Papers Petition			After Allowance Communication to TO Appeal Communication to Board of Appeals and Interferences	al Communication to Board beals and Interferences
After Fir Affidavit Extension of Tir	al s/declaration(s) se Request		Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table or	e Address		Propri Status Other	ck for \$250.00;
,	Parts/ ication Missing Parts CFR 1.52 or 1.53	Rema	<b>-</b> J				·
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
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Date 3/26/87				Reg. No. 48,244			
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with							
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Signature Roseanale hello							
Typed or printed name	RoseAnn Wh					Date	3-26-07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)
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MAR 2.9 Effective pp. 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Number	10/677,077			
FEE TRANSMITTAL				Filing Date	October 1, 2003			
for FY 2005			F	First Named Inventor	Scolaro et al.			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Chuc Tran				
				Art Unit	2821			
TOTAL AMOUNT OF PAY	MENT	(\$)250.00	1	Attorney Docket No.	25493-459900			
METHOD OF PAYMENT	(check all	that apply)						
Check Credit C	Card	Money Order	None	Other (please ide	entify):			
Deposit Account Deposit Account Number: 19-1351  Deposit Account Name: SEYFARTH SHAW LLP - 27717								
For the above-identif	fied deposit	account, the Directo	r is hereb	y authorized to: (check	all that apply)			
Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION	_							
1. BASIC FILING, SEAF					EVALUATION		:	
Application Type	FILING  Fee (\$)	FEES Small Entity Fee (\$)	SEARC	H FEES <u>Small Entity</u> <u>Fee (\$)</u>	Fee (\$)	nall Entity Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEE	S					<u>s</u>	mall Entity	
Fee Description	•					Fee (\$)	Fee (\$)	
Each claim over 20 (incl				•		50	25	
Each independent claim		cluding Reissues)				200 360	100 180	
Multiple dependent clain Total Claims	ns Extra Cla	aims Fee (\$)	Fees	Pai <u>d (\$)</u>	Me		endent Claims	
21 - 20 or HP =		× 50	= 50	1 4.4 (4)		Fee (\$)	Fee Paid (\$)	
HP = highest number of total cla					_			
Indep. Claims	Extra Cla	ims Fee (\$)	Fees	Paid (\$)				
-3 or HP =	<u> </u>	× <u>200</u>	<u>= 200</u>					
HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fraction the  Total Sheets	ereof. See tra Sheets	35 U.S.C. 41(a)(1 <u>Number</u> /50=	of each a	1 37 CFR 1.16(s). additional 50 or fraction and up to a whole numb		<u>ee (\$)</u> 	Fee Paid (\$)	
4. OTHER FEE(S) Fee Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Independent Claim Fee (\$200) plus extra claim fee (\$50) \$250.00								
SUBMITTED BY								
Signature	n(I	emann		egistration No. 48,244 httorney/Agent)		Telepho	ne 312-460-5000	
Name (Print/Type) Christo	pher S. F					Date 3	126/07	

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## In re the Application of: Scolaro et al. Application No.: 10/677,077 Filed: October 1, 2003 Title: METHOD AND APPARATUS FOR LAMP HEAT CONTROL Attorney Docket No.: 25493-459900 Date: March 26, 2007 CUSTOMER NO. 27717 COUSTOMER NO. 277

Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

## **RESPONSE TO OFFICE ACTION**

## Dear Sir:

In response to the Office Action mailed on January 23, 2007, please enter this response in the above-identified patent application.

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 7 of this paper.

## Certificate of Mailing

I hereby certify that, on March 26, 2007, this correspondence is being deposited with the U. S. Postal Service, as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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